

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/030294

FILING DATE

APPLICANT(S)

90904

CLAIMS

	AS FILED -		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		1		1		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		1		1		
10		1		1		
11		1		1		
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50						
TOTAL IND.	2	1	2	1		
TOTAL DEP.	13		4			
TOTAL CLAIMS	15		6			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS